

**City of Ankeny
Emergency Operations Plan**

**ICS 206
Medical Plan**

Incident Name:		Date Prepared:	Time Prepared:
Operational Period Date: From: Aug To:		Operational Period Time: From: To:	

Incident Medical Aid Stations

Medical Aid Station	Telephone/Radio	Location	EMT Name	Paramedic Name

Transportation (Assigned ambulances)

Unit #	Cell phone/Radio ID	Location	Ground	Air	Doctor	Nurse	EMT	PM

Hospitals

Name	Telephone/Radio	Address	Travel Time		Helipad (Y/N)	Burn Center (Y/N)
			Ground	Air		

Medical Emergency Procedures

Prepared By:	Company Name:	ICS Position: Medical Unit Leader
Approved By:	Company Name:	ICS Position: Safety Officer